

Corres. and Mall

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Serial No.: 10/

---EXPEDITE PROCEDURE

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In repatent application of

Docket No. FS-00655

RECEIVE:

Bruce Hanson et al.

SEP 3 1 2004

Serial No.: 10/075,596

Group Art Unit: No. 3653

Examiner: JONATHAN R. MILL

Filed: February 15, 2002

For:

FLAT MAIL EDGE BIASING

MACHINE AND METHOD OF USE

Mail Stop: AF

**Commissioner for Patents** 

P.O. Box 1450

Alexandria, VA 22313-1450

## AMENDMENT UNDER 37 C.F.R. §1.116

Sir:

In response to the Office Action dated July 28, 2004, please amend the above-identified application as follows.

Applicants believe that no extensions of time are required at this time. If additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. §1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 23-1951.

09/23/2004 VROGERS 00000003 231951 10075596

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DATPUT ABBI IS AT THE STATE OF								Ĩ	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2001								'	T5-00659				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR	OTHER		1
TOTAL CLAIMS			21					TYPE RATE	FEE	ר ר	RATE	FEE	1
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC F	EE 370.00	OR	BASIC FEE		1
TOTAL CHARGEABLE CLAIMS			7/ minus 20=		• /			X\$ 9=		OR	X\$18=	10	1
INDEPENDENT CLAIMS			3 mi	inus 3 =	• /			X42=		1	X84=	10	1
MULTIPLE DEPENDENT CLAIM PRESENT									<del>-                                    </del>	OR			1
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=		
CLAIMS AS AMENDED - PART II								TOTAL	· L	OR	TOTAL	NS	4
(Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		ame		_X\$ 9=		OR	X\$18=	FEE	1
	Independent	*	Minus	***		=		X42=		1	X84=		ł
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	<del> </del>	OR			l
								+140=		OR	+280=		· .
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AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUMI PREVIO PAID	EST SER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.21	Minus	-2	/	=		X\$ 9=		OR	X\$18=	1000	
	Independent FIRST PRESE	NTATION OF ML	Minus JLTIPLE DEF	ENDENT	CLAIM	- 19		X42=		ОЯ	X84=	Last U	
							ı	+140=		OR	+280=		
							A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	18000	Ex
		(Column 1)	,	(Colun		(Column 3)					_		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
NON	Total	· 20	Minus	# Ó		= /	1	X\$ 9=		OR	X\$18=	10	
AME	Independent	• 5	Minus	***	<u>م</u>	=	l	X42=		l	X84=	4	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		+			OR		—	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ## If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								+140= TOTAL	,	OR L	+280=	10	
	f the "Highest Nun	nber Previously Pa nber Previously Pa ber Previously Paid	id For IN THIS	S SPACE is	less than	3 enter "3"		DOTT. FEE			DDIT. FEE 👢	<del>/&amp;</del>	